## State of West Virginia Electioneering Communications and Last Minute Independent Expenditure Form

(Must be filed when \$5,000 or more is spent on "electioneering communications" as detailed in WV Code §3-8-2b. A "Last Minute" report will be due when \$1,000 is spent on "electioneering communications" within 15 days of an election.)

Name of person making expenditureWVEA-PAC
Name of the individual in control of the expenditure(s) Dale Lee
Email address <u>dlee@WVEA.org</u> Telephone <u>304 346-5315</u>
Name of the custodian of the booksGwendolyn Lacy
Principal place of business and address (Only if the person making the expenditure is not an individual)
1558 Quarrier Street Charleston, WV 25311
Electioneering communication expenditures of more than \$1,000 (as required by WV Code §3-8-2b)
Refers to: (candidate name) Richie Robb for State Senate
Paid toRainmaker, Inc.
Amount of expenditure \$1,032.50 Date the expenditure was made _5/5/10
Election year Made within (check one):
X 30 days prior to the <b>Primary Election</b> 60 days prior to the <b>General Election</b>
Refers to: (candidate name)
Paid to
Amount of expenditure Date the expenditure was made
Election year Made within (check one):
30 days prior to the <b>Primary Election</b> 60 days prior to the <b>General Election</b>
Refers to: (candidate name)
Paid to
Amount of expenditure Date the expenditure was made
Election year Made within (check one):
30 days prior to the <b>Primary Election</b> 60 days prior to the <b>General Election</b>
Refers to: (candidate name)
Paid to
Amount of expenditure Date the expenditure was made
Election year Made within (check one):
30 days prior to the <b>Primary Election</b> 60 days prior to the <b>General Election</b>

## Contributors totaling more than \$1,000 from the previous calendar year to date (as required by West Virginia Code §3-8-2b)

Name of contributor	Date the contributor exceeded \$250	
_	able):	
Value of the contribution	Description of contribution	
City:	State and Zip Code:	
Name of contributor	Date the contributor exceeded \$250	
	able):	
	Description of contribution	
·	State and Zip Code:	
	Date the contributor exceeded \$250	
	able):	
-	Description of contribution	
City:	State and Zip Code:	
Name of contributor	Date the contributor exceeded \$250	
	able):	
	Description of contribution	
Address:		
City:	State and Zip Code:	
OATHORAFFIRMATION		
I, <u>Dale Lee</u> to the best of my knowledge, for all financia	, swear or affirm that the attached statement is true and correct at transactions occurring within the period covered by this statement.	
Office Use Only 3.V1S	Signature Jale Jee	
	Date 5/5 . 280 6010	
2010 MA 9- YAM 010S	This form must be received in the Secretary of State's Office	
	prior to the close of business to be accepted on that date.	